

**AMERICAN CITIZEN REGISTRATION FORM**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ALIAS/ MAIDEN NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

DATE OF EXPECTED DEPARTURE FROM SLOVENIA: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

ADDRESS IN SLOVENIA: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

CURRENT TELEPHONE (Home): \_\_\_\_\_ (Office): \_\_\_\_\_

(Cell Phone): \_\_\_\_\_ (E-mail): \_\_\_\_\_

ADDRESS IN THE U.S.: \_\_\_\_\_

U.S. PASSPORT NUMBER: \_\_\_\_\_

PLACE OF ISSUANCE: \_\_\_\_\_ DATE OF ISSUANCE: \_\_\_\_\_

DO YOU HOLD CITIZENSHIP IN ANY OTHER COUNTRY? YES: \_\_\_\_\_ NO: \_\_\_\_\_

LIST THE COUNTRY (IES):

EMERGENCY CONTACT IN SLOVENIA: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ TEL: \_\_\_\_\_

EMERGENCY CONTACT IN THE U.S.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ TEL: \_\_\_\_\_

NAME OF SPOUSE: \_\_\_\_\_ NATIONALITY: \_\_\_\_\_

CHILDREN UNDER 21 LIVING IN SLOVENIA:

NAME: \_\_\_\_\_ NATIONALITY: \_\_\_\_\_

NAME: \_\_\_\_\_ NATIONALITY: \_\_\_\_\_

NAME: \_\_\_\_\_ NATIONALITY: \_\_\_\_\_

Privacy Act Release Form  
American Embassy, Ljubljana, Slovenia  
Presernova 31

In accordance with the Privacy Act (PL 93-579) passed by the Congress in 1974, the Embassy will not disclose the information you provide us in your registration application to any third parties unless you have first given us written authorization to do so, or unless the disclosure is otherwise permitted by the Privacy Act. The information solicited on this form may be made available as a routine use to appropriate agencies whether federal, state, local, or foreign, to assist the Embassy in the evacuation or provision of emergency service to U.S. citizens, or for law enforcement and administration purposes or pursuant to court order. The information also will be made available to private U.S. citizens, known as wardens, designated by the U.S. Embassy to assist in communicating with the American community in emergency.

In addition to the above, in the event of an emergency, I hereby authorize the American Embassy in Ljubljana to release any information about me to:

Name/Relationship	Telephone	Location
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

If other people request information about me, information can be released to:

Yes: _____	No: _____	Family (other than those listed above)
Yes: _____	No: _____	Friends (other than those listed above)
Yes: _____	No: _____	International Social Services
Yes: _____	No: _____	Members of Congress
Yes: _____	No: _____	Members of Press
Yes: _____	No: _____	The General Public

The U.S. Embassy and the U.S. Department of State will only release information to the categories of people indicated immediately above if it is requested and if you have given your signed authorization.

Signature: \_\_\_\_\_

Date and place signed: \_\_\_\_\_